



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 160416			2. Exact name of the Corporation Dean Estates Neighborhood Association, Inc.		
3. State of Incorporation Rhode Island			4. Brief description of the character of business conducted in Rhode Island To enhance the quality of life of the residents living in the Dean Estates neighborhood.		
5. Principal office address 346 Meshanticut Valley Parkway			City Cranston	State RI	Zip 02920
President Name Stephan J. Baracsi			Vice-President Name Fred DiBiasio		
Street Address 337 Meshanticut Valley Parkway			Street Address 362 Meshanticut Valley Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Michael Kern			Treasurer Name Jeffrey J. Bellin		
Street Address 40 Church Hill Drive			Street Address 346 Meshanticut Valley Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
6. List the names and addresses of all directors, officers, and authorized representatives. (List no less than three in each category.)					
Director Name Stephan J. Baracsi			Director Name Jeffrey J. Bellin		
Street Address 337 Meshanticut Valley Parkway			Street Address 346 Meshanticut Valley Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Michael Kern			Director Name		
Street Address 40 Church Hill Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
7. Is this corporation currently in good standing in Rhode Island? Yes					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date: _____

Check No: _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JUL 08 2015

CH 252411

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer or Authorized Representative

Date

Jeffrey J. Bellin

7/6/2015

Print or Type Name of Officer or Authorized Representative